

State of Hawaii

COMMISSION ON WATER RESOURCE MANAGEMENT Department of Land and Natural Resources

WELL COMPLETION REPORT - PART II

Pump Installation

Instructions: Please print in ink or type and send completed report (with attachments, if applicable) to the Commission on Water Resource Management, P.O. Box 621, Honolulu, Hawaii 96809. The Commission may not accept incomplete reports. This form shall be submitted within 60 days of the completion of work. For assistance, please consult the Hawaii Well Construction and Pump Installation Standards or call the Regulation Branch at 587-0225. For updates to this form or additional information, please visit our website at http://www.hawaii.gov/dlnr/cwrm/

For	Offici	al Use (Only:	

1. State Well No.:	Well Name:			Island:
2. Address:		Tax Map Key	:	
Pump Installation Company:				
4. Date Pump Installed:				
5. PERMANENT PUMP INFORMAT				
Pump Type, Make, Serial No.:				
Rated Capacity:	gpn	n at head of:		ft.
Motor Type, H.P., Voltage, rpm:				
Pump type (check one):				
□ Deep Well Turbine	□ Rotary		□ Propeller	
□ Submersible	☐ Rotary-Displacemen	t	□ Reciproca	ating
☐ Centrifugal	☐ Rotary-Gear		☐ Impulse	
6. Method of flow measurement:				
□ Flowmeter	Manufacturer	Model no.		Size
□ Weir □ Open	Pipe □ Orifice* □ 0	Other*, explain b	elow	
*attach schem	atic			
7. Fill in the as-built section on the	other side of this sheet.			
8. Attach the rating curve for the in	nstalled pump.			
Attach photograph of well clear method of flow measurement.	ly showing the benchmar	k on the concr	ete pad, the	well head, and the
10. Other remarks/comments:				
Pump Installation Contractor (print)	C-57/C-57a	/A Lic. No.	
Signature			Date	

